

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90047 012 ***150.00

DOCUMENT # H23177

1. Entity Name
GLOBAL INFORMATION LICENSING CORPORATION



Principal Place of Business
**650 NAAMANS RD
STE 307
CLAYMONT, DE 19703 US**

Mailing Address
**650 NAAMANS RD
STE 307
CLAYMONT, DE 19703 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-2453729

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required...**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **TUTHILL, WALTER C**
STREET ADDRESS **1201 NORTH MARKET STREET**
CITY-ST-ZIP **WILMINGTON, DE 19899**

TITLE **PD** ☐ Delete
NAME **SCHURR, JAMES R.**
STREET ADDRESS **650 NAAMANS ROAD STE 307**
CITY-ST-ZIP **CLAYMONT, DE 19703**

TITLE **TD** ☒ Delete
NAME **LEWIS, ALAN M.**
STREET ADDRESS **SUITE 2706 TORONTO DOMINION CENTER**
CITY-ST-ZIP **TORONTO, ONT, CANADA,**

TITLE **SD** ☐ Delete
NAME **CROFT, IAN D.**
STREET ADDRESS **65 QUEEN STREET WEST**
CITY-ST-ZIP **TORONTO, ONT, CANADA,**

TITLE **D** ☐ Delete
NAME **VIRENDER, PURI**
STREET ADDRESS **WEINBERGSTRASSE 5**
CITY-ST-ZIP **ZUG SWITZERLAND, ch6300**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Gerard, John T.**
STREET ADDRESS **Suite 2706, Toronto Dominion Center**
CITY-ST-ZIP **Toronto, ON**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James R. Schurr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Schurr

4/1/04

302-792-1444

Date

Daytime Phone #